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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24821

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED: 020

(a) State Missouri (b) County Cedar 1

(c) City or town El Dorado Springs Mo 0 (If outside city or town limits, write "RURAL")

(d) Street No. 307 N. Main (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES E KASH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Alice Kash

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MAY - 28 - 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Farmer (Retired 23 yrs)

11. Industry or business

FATHER
12. Name William E Kash
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Debbie Swango
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs Alice Kash

(b) Address 307 N. Main St. El Dorado Spgs. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 '41 (Month) (Day) (Year)

(c) Place: burial or cremation BEERFIELD. Mo

18. (a) Signature of funeral director Gwinn-Siders

(b) Address El Dorado Springs Mo

19. (a) 7-22-41 (Date received local registrar) (b) J W Dawson (Registrar's signature)

154

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20 year 1941 hour 9-10 minute P - M.

21. I hereby certify that I attended the deceased from — , 19__, to — , 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris, Dead when I arrived

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

94 B

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J W Dawson (M. D. or other) D

Address El Dorado Spgs. Date signed 7-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-41-1228
Date Filed 8-8-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed O B Sidens

Licensed Embalmer No. 3250

P. O. Address El Dorado Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.